

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE SENIOR LIVING COMMUNITIES, INC.

To operate CLARE BRIDGE OF MURRYSVILLE

Located at 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 42
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 42

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from February 17, 2010 until February 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428680

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 18 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. John P. Rijos, Co-President
Brookdale Senior Living Communities, Inc.
Clare Bridge of Murrysville
5300 Old William Penn Highway
Export, Pennsylvania 15632

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on November 13, 2009 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosure
License

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

| | | |
|--|------------------------|--|
| NAME AND ADDRESS OF PERSONAL CARE HOME Alterra Clare Bridge of Murrysville 5300 Old William Penn Highway, Export, PA 15632 | | CURRENT LICENSE NUMBER 428680 |
| INSPECTION DATE(S) (Include all dates of the inspection) November 13, 2009 | | REGIONAL REPRESENTATIVE C. McGrail and D. McConnell |
| SIGNATURE OF LEGAL ENTITY <i>Cherrie Gillespie, RN, ED</i> | DATE 1-26-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> |
| | | DATE 2-2-10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|--------------------------------------|
| 63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times. | For 10/18/09 and 11/7/09, the facility did not have any staff trained in CPR and first aid that worked on these dates. | 2-2-10 <i>[Signature]</i> | An audit was conducted by the Executive Director on 11-18-09 to see which staff members needed CPR/First Aid. Classes were set up and completed on 12-21-09. 28 staff members attended the first aide classes. A tickler system is in place to keep track of when certifications will run out. ALL STAFF ALL CURRENTLY TRAINED IN CPR/FIRST AID FOR ALL SHIFTS. <i>[Signature]</i> | <i>[Signature]</i> |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Cherri Gillespie, RN, ED</i> | DATE 1-26-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION | DATE 2-2-10 |

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| 93a Each ramp, interior stairway and outside steps shall have a well-secured handrail. | The fire exit off of "A Hall" has a 5 inch drop from the outside cement pad. There is no hand rail. | 12-31-09 2-2-10 | An audit of all outside exits was conducted by the Executive Director and DPW representative on 11-13-09. Hand rails were placed by the Maintenance Technician outside of A and D hall exits on 11-20-09. All other exits have the required hand rails in place. Hand rails will be checked every three months by the Maintenance Technician and verified by the Executive Director that they are securely anchored. | 2-2-10 |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Sherrill Hillier, RN, ED</i> | DATE 1-26-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> |
| | | DATE 2-2-10 |

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|---|--|---|---|--------------------------------------|
| 132f Alternate exit routes shall be used during fire drills. | The fire drill logs from January 2009 through October 2009 documents that one exit was used but does not specify the exit. | 11-30-10 <i>[Signature]</i> 2-2-10 | As of 11-29-09 fire drill log specifies which exit is used during fire drill. Maintenance Technician was educated on 11-17-09 by Executive Director on the proper completion DPW Fire Drill Record. | <i>[Signature]</i> 2-2-10 |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Sherrill Williams, RN, ED</i> | DATE <i>1-26-10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> |
| | | DATE <i>2-2-10</i> |

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|---|---|---|---|--------------------------------------|
| 231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit. | The cognitive preadmission screening for Resident #1, admitted to the secured dementia care unit on 1/24/09, was not completed until 3/11/09. Resident #2, admitted to the secured dementia care unit on 9/20/09, did not have a cognitive preadmission screening. | <i>1-31-10</i> <i>2-2-10</i> | Two nursing staff members, RN and LPN were educated on 11-23-09 by Executive Director regarding expectation of completion of this DPW required document. A tickler system has been put in place to assist in timely completion of DPW required documents. On a weekly basis the Executive Director will review tickler system and do a chart audit on chosen residents. Executive Director will review pre-admission paper work on new admissions to ensure compliance. | <i>2-2-10</i> |

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CLARE*BRIDGE

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